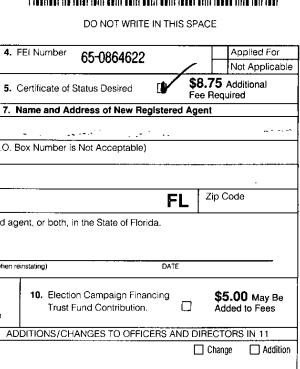
## 🗸 – 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000075739 1. Entity Name IVES MART, INC. Principal Place of Business Mailing Address 1150 E. HALLANDALE BCH BLVD., SUITE A 1150 E. HALLANDALE BCH BLVD., SUITE A HALLANDALE FL 33009 HALLANDALE FL 33009 and the state of t 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0864622 Ζiρ Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OSHINSKY, LEONARD Street Address (P.O. Box Number is Not Acceptable) 1150 E. HALLANDALE BCH BLVD., SUITE A HALLANDALE FL 33009 City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE NAME SHEHADEH, ABDEL K

## **FILED** Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90179 040 \*\*\*158.75



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r nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954-610-1972 Davime Phone #